

sympathetic, fibers ending in the prostate arising from the tenth dorsal to the third lumbar segments, the pain from a prostatitis may be referred to any part of the body which is supplied by these segments.<sup>5</sup> A sensation of fullness or an irritation in the perineum, and dull ache in the suprapubic region are symptoms often met with in prostatovesiculitis.<sup>3</sup>

The sexual neurasthenic or even the patient with lesser sexual symptoms is frequently an unwelcome visitor to the physician's office. There is usually a pathological condition causing the symptoms from which these distressed humans suffer, and very frequently this condition is a chronic prostatovesiculitis. Huhner<sup>6</sup> has found cases of sexual neurasthenia, severe depression, nervous exhaustibility and other sexual neuroses due to a chronic prostatitis or a congestion of the prostate; and has cleared them up with treatment for those conditions. The mental anxiety of the patient is far greater than the pathology in the prostate and vesicles would warrant. In some of these cases the patient has been worrying about his condition for years, and it is more difficult to put his mind at ease and convince him that his trouble is not serious than it is to cure the prostatovesiculitis present. These patients must be put on a rigid sexual program. Coitus at regular intervals is beneficial, but ungratified sexual excitement is very harmful, and the patient must be impressed with this fact. In the routine treatment of these cases, the manner in which the prostate is massaged is important. The vesicle on each side is stripped first by reaching as high as possible with the finger in the rectum, then each lobe is massaged with a downward and medial stroke. This expresses the secretion first from the vesicles, then from the prostate into the urethra.

Prostatovesiculitis, both infective and aseptic, is to be thought of in all patients who complain of back pain, of a sensation of fullness in the perineum or suprapubic region, and of sexual difficulties. By routine examination of the prostate the cause of many baffling symptoms may be discovered. Inasmuch as prostatovesiculitis is either caused or aggravated by ungratified sexual desire and sexual irregularities, rigid sexual hygiene is an important item in the routine treatment of these conditions.

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#### Nutritional Disorders

**M**igraine—Since time out of mind medical literature has been replete with discussions of migraine. Theories as to its causes are many. For its treatment the list of remedies is as long in number as they each and all are short in value. Evidently the disease is much more common than is usually recognized. In its irregular manifestations it undoubtedly plays a much greater part in certain functional diseases than realized; and very often its presence so obscures the clinical picture that a diagnosis of certain organic lesions is difficult and uncertain. We must agree that the causes and cure of this affliction afford a worthy field for research.

A perusal of the literature together with a somewhat close study of clinical cases would seem to warrant several tentative conclusions as to its nature:

1. That it is a specific, inherited, constitutional disease or fault, and ordinarily not acquired.
2. That it is primarily and essentially endocrine in character; as evidenced by its hereditary nature, its relation to other conditions and states in which there is a recognized readjustment in the endocrine system, such as puberty, pregnancy and lactation, the climacteric, menstrual periods, artificial menopause, etc.
3. That either directly or indirectly it involves a specific liver dysfunction which is not explained by such terms as are ordinarily applied to liver disease, organic or functional.
4. That definite, metabolic disturbance is present probably as a result rather than as a cause, though a physiologically invigorated metabolic function tends to prevent or mitigate the migraine explosions.
5. That the sympathetic nervous system is involved, probably, however, through a correlation with the endocrine system.
6. That it often manifests itself in such way that its migraine character is not recognized. The typical headache syndrome being absent, and the outstanding symptoms being nervous irritability, inordinate exhaustion and insomnia, with a state of gastro-intestinal peevishness and rebellion. Careful inquiry into the family and early history of these patients, and in fact into that also of the great majority of our so-called neurasthenics, reveals a definite and often strong migraine background. This form of the disease might well be called irregular migraine.

I believe it can be made evident that each of these several tentative conclusions is consistent with the idea of a single endocrine and metabolic cause; and while the discovery of this specific cause of migraine is only less desirable than the finding of a specific remedy for its relief, yet until the former is revealed, it probably will have to be said of the latter that the time is not yet.

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